

GENERAL FACT SHEET

BILL NUMBER 10R-153

BRIEF TITLE	APPROVAL DEADLINE	REASON
Annual Requirements for Dead Animal Removal, Bid No. 10-110		Multiple Year Contract - 3 years

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Resolution to provide Annual Supply of Annual Requirements for Dead Animal Removal from Industrial Services, Inc. for the City of Lincoln as per Bid No. 10-110 for three (3) years beginning at the execution of the contract. This service will be used by the Health Department, Animal Control for Dead Animal Removal as needed. The estimated cost is \$7,000.00/year for a total of \$21,000.00 for the three (3) year period.</p>	Sponsor	Purchasing
	Program Departments, or Groups Affected	Health Department, Animal Control
	Applicants/Proponents	<p>Applicant:</p> <p>Purchasing</p> <p>City Department:</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommend.	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS**POLICY/PROGRAM IMPACT**

<p>Resolution to provide Annual Supply of Annual Requirements for Dead Animal Removal from Industrial Services, Inc. for the City of Lincoln as per Bid No. 10-110 for three (3) years beginning at the execution of the contract. This service will be used by the Health Department, Animal Control for Dead Animal Removal as needed. The estimated cost is \$7,000.00/year for a total of \$21,000.00 for the three (3) year period.</p>	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/ Resolution \$
		RELATED annual operating Costs \$
		INCREASE REVENUE EXPECTED/YEAR \$
	SOURCE OF FUNDS	CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % NON CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %
BENEFIT COST		
<input type="checkbox"/> Front Foot Assessment Average		
<input type="checkbox"/> Square Foot		\$ _____ \$ _____

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER